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Effective on 12/08/2 Fees pursuant to the Consolidated Appropri		Application Number	10/699,695-Conf. #5835		
FEE TRANSI	MITTAI	Filing Date	November 4, 2003		
- · — —		First Named Inventor	Yoichiro YAMASHITA		
For FY 20	106	Examiner Name	D. A. Walls		
Applicant claims small entity state	us. See 37 CFR 1.27	Art Unit	1731		
TOTAL AMOUNT OF PAYMENT (\$) 910.00		Attorney Docket No.	1131-0491P		
METHOD OF PAYMENT (check	all that apply)				
X Check Credit Card	Money Order No	ne Other (please ic	dentify):		

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METH	OD OF PAYMEN	T (check all t	hat apply)						
x Ci	neck Credit C	Card N	Ioney Order	None	Other (please identi	fy):		
De	posit Account Depo	osit Account Numb	er: 02-2448	Deposit Accoun	t Name:	Birch, Stev	wart, Kolasch	& Birch, Ll	_P
	For the above-ident	tified deposit a	account, the D	irector is he	reby authorize	ed to: (check	all that apply)		
	Charge fee(s)	indicated be	low		Charge	e fee(s) indi	cated below, ex	cept for the	e filing fee
	Charge any a	dditional fee(s	s) or underpay	ments of	x Credit	any overpa	vments		
	fee(s) under					any everpa			
	ALCULATION								
1. BASI	C FILING, SEARCH	•			OH EEEC	CVAMIN	ATION FEES		
		FILIN	G FEES Small Entity	SEAR	CH FEES Small Entity	EXAMINA	Small Entity		
Applic	ation Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees P	aid (\$)
Utilit	y	300	150	500	250	200	100		
Desig	n	200	100	100	50	130	65		
Plant		200	100	300	150	160	80		
Reiss	ue	300	150	500	250	600	300		
Provi	sional	200	100	0	0	0	0		
2. EXC	SS CLAIM FEES							_	mall Entity
	cription							Fee (\$)	Fee (\$)
	aim over 20 (includ	•						50	25
	dependent claim ov	er 3 (includir	ig Keissues)					200	100
•	e dependent claims					••		360	180
			ee (\$)	Fee Pai	a (\$)		Itiple Depende		
	2 - 20 = phest number of total cla		= reater than 20.			Fee	<u>· (\$)</u> <u>F</u>	Fee Paid (\$)	
			ee (\$)	Fee Pai	d (\$)				_
	2 -3=	x	=	-					
HP = hi	ghest number of indepen	ident claims paid	for, if greater that	ın 3.				_	_
3. APPI	LICATION SIZE FEI	E							
	specification and dr								
	ings under 37 CFR ets or fraction there					or small en	iity) for each ac	aditional 50	
		xtra Sheets			tional 50 or frac	tion thereof	Fee (\$)	Fee P	aid (\$)
10	 -	Atta Officeto			ound up to a who			=	
4. OTH	ER FEE(S)					,		Fees	Paid (\$)
Non	-English Specificati	ion, \$130 fe	e (no small en	tity discour	nt)				
Othe	er (e.g., late filing si	urcharge): 18	301 Request	for continu	ued examinat	tion (RCE)	(see 37		0.00
L			251 Extensio	n for respo	onse within fi	rst month		120	0.00
SUBMIT	ED BY	1/	Λ ο	No	-1-441 54		7-		
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Name (Print/Type	James M.	Slattery	1		,			Date	January 12, 2007
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